

New Jersey's Seventh, Mr. LEONARD LANCE.

Mr. LANCE. Thank you very much, and thank you for taking the lead on this extremely important issue.

Overspending and over-taxation are terrible factors in the American economy today, but from my perspective the worst factor is levels of debt, and I think that this is, in effect, generational theft.

The Congressional Budget Office, in calculating the proposals of the Obama administration, indicate that spending will hit about 28.5 percent of GDP during fiscal year 2009, and this is a record amount. CBO also estimates that next year spending will be 25.5 percent and at 23 and 24 percent over the course of the next decade.

As someone who tries to be a student of American history, over the last 40 years, the level of debt has been roughly 20 percent, and this is an historic average. And yet over the course of next several years we increase this dramatically. Let me repeat the figures: 28.5 percent in this fiscal year, and similar amounts in the next 2 fiscal years.

I believe that this spending is too great, and I hope that the administration will review its budget and working in a bipartisan capacity to bring this amount down.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF SENATE AMENDMENTS TO H.R. 146, OMNIBUS PUBLIC LAND MANAGEMENT ACT OF 2009

Mr. POLIS (during the special order of Mrs. BACHMANN), from the Committee on Rules, submitted a privileged report (Rept. No. 111-51) on the resolution (H. Res. 280) providing for consideration of the Senate amendments to the bill (H.R. 146) to establish a battlefield acquisition grant program for the acquisition and protection of nationally significant battlefields and associated sites of the Revolutionary War and the War of 1812, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 1404, FEDERAL LAND ASSISTANCE, MANAGEMENT AND ENHANCEMENT ACT

Mr. POLIS (during the special order of Mrs. BACHMANN), from the Committee on Rules, submitted a privileged report (Rept. No. 111-52) on the resolution (H. Res. 281) providing for consideration of the bill (H.R. 1404) to authorize a supplemental funding source for catastrophic emergency wildland fire suppression activities on Department of the Interior and National Forest System lands, to require the Secretary of the Interior and the Secretary of Agriculture to develop a cohesive wildland fire management strategy, and for other purposes, which

was referred to the House Calendar and ordered to be printed.

COLON CANCER AWARENESS MONTH

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Oklahoma (Mr. BOREN) is recognized for 60 minutes as the designee of the majority leader.

Mr. BOREN. Mr. Speaker, I don't come to the House floor very often to speak. In fact, last year I addressed this body only a handful of times. I think that I am much more effective in representing my constituents by developing relationships in a personal setting rather than arguing my viewpoint on the House floor. But today marks a special time of year.

Mr. Speaker, the month of March is colon cancer awareness month. I think that it's only fitting that the month of March, a month where Congress has the most legislative work days, is devoted to an illness that is often relegated to the back burner of cancer awareness. Obviously, colon cancer is not an issue that garners a lot of headlines, but colon cancer has had a dramatic effect on my life, as it has millions of Americans.

I bring a picture of my mom up. Eleven years ago, my mom died of colon cancer. She was a vibrant woman. She was filled with joy. She was filled with optimism. This horrendous disease took her from Earth far too early. Because of colon cancer, she never had the opportunity to hold her granddaughter. She never had the opportunity to attend my wedding and see me marry my beautiful wife, Andrea. It's a tragedy that has forever left a void in my life.

You know, she was like so many mothers. She was always so proud of her son. She was always pushing me. She always cared about my grades. She always cared about how I did in school. And I was probably not the best student but she kept after me. She kept telling me how smart I was, and she kept pushing me.

The last memory I have of my mother is in a hospital room dying from this disease. She didn't get to see me become a Congressman. And like all Americans who have felt the pain and fear that comes with losing a loved one to cancer, I wouldn't wish that grief on anyone.

The reality, Mr. Speaker, is that I am not alone. This disease kills tens of thousands of Americans every year. It is the third most diagnosed cancer and one of the leading causes of cancer death in the United States. The American Cancer Society estimates that 150,000 Americans will be diagnosed with colon cancer in 2009, and out of that 150,000 citizens, over 50,000 of them will die from it.

What is so shocking about these deaths is the vast majority of them could have easily been prevented with

a simple routine screening called a colonoscopy. That is 50,000 moms and dads and sons and daughters that could still be enjoying the great gift of life if they would have just taken the time to get a routine colonoscopy by their 50th birthday.

Mr. Speaker, a colonoscopy takes under 1 hour to complete, and the results you receive will literally save your life. The American Cancer Society estimates that if detected early, 90 percent of all colon cancer deaths could be prevented.

Now, just, if you will, take a look at this board here. Look at the stages. Now, the stage where my mom was diagnosed is stage IV. There's about an 11 percent survivability rate and at stage I, 90 percent, and despite the effectiveness of this colonoscopy that can figure this out, only 50 percent of Americans use this procedure.

I think that's a very shocking statistic. Compare that prevention rate with breast cancer, where over 80 percent of women get a routine mammogram, and you can see why I work so hard to spread the word on preventing this disease.

But there is some outstanding news. The outstanding news is that there is hope ahead in fighting this killer. The Centers for Disease Control, along with groups like the American Cancer Society and the Colorectal Cancer Coalition, have taken it upon themselves to raise awareness about this disease.

Specifically, the American Cancer Society has launched a campaign to push the number of Americans who get screened for colon cancer from 50 percent to 75 percent by the year 2015. It's a lofty goal, but it's a goal that's worthwhile. In fact, a few of my colleagues have introduced important legislation aimed at reaching this mile marker.

One particular piece of legislation that I hope will receive strong consideration in the House Energy and Commerce Committee is my legislation, H.R. 1330, the Colon Cancer Screening and Detection Act of 2009. My legislation is pretty simple. Just like a mammogram, my bill would require every health insurance plan in America, both group and individual, to cover a preventive colonoscopy before the deductible. This legislation is very badly needed.

One of the top reasons many Americans do not get screened is the cost. The average cost of a typical colonoscopy is over \$1,000. That wouldn't be a concern to many citizens who are currently covered under a private health insurance plan, but most health insurance plans have deductibles exceeding \$1,000, or worse, they have a restrictive cap on preventive care, sometimes as low as \$250, and that's the issue.

We have thousands of Americans who are covered by insurance plans that pay little to none of the costs associated with a colonoscopy, so they never get one. It's a shame. We live in the

greatest country on Earth, and many of our citizens choose not to get a highly successful, life-saving, preventive test because their health plan doesn't cover it.

I'm aware that the health insurance industry is totally opposed to my legislation. They will argue that my bill will dramatically increase the cost of insurance, but there is little evidence to support their claim. They said the same thing when Members of Congress pushed hard to require insurance plans to cover mammograms in an effort to increase the rate of early diagnosis of breast cancer; yet almost every single State in America requires insurance companies to cover a mammogram, not subject to the deductible.

Furthermore, it has been well-documented that once colon cancer has progressed into the latter stage, the health care costs for treatment skyrocket and the survival rate plummets.

Now, let's look at the board again that I brought up earlier. Look at this stage I through IV, and I'll make my point here. With such a high success rate if detected early, it makes financial sense but it also makes moral sense to find and treat colon cancer as early and as soon as possible.

I believe that an industry, which is one of the most profitable in America, should lend its services toward preventing illness, not hampering our citizens' ability to discover it. Requiring health insurance plans to cover a colonoscopy is a commonsense approach to fighting colon cancer.

In fact, many in Congress have voted in the past to extend Medicare beneficiaries this very benefit. In July of 2008, Congress passed the Medicare Improvements for Patients and Providers Act. That, among other things, addressed the glaring deficiency in colon cancer prevention found in the Medicare program, and the language that was inserted into that bill to address colonoscopy access is very similar to the bill that I have introduced. That Medicare legislation, which passed the House of Representatives overwhelmingly, is a great piece of legislation that I think will save thousands of lives.

And in closing, before I turn it over to one of my colleagues, I want to encourage all Americans that are 50 and over who have not had a colonoscopy screening to get one, and if you have a family history like myself, I think you need to start earlier.

With increased awareness and some policy changes here in Congress, I believe that we can save tens of thousands of lives.

You know, colon cancer is a silent killer, and Mr. Speaker, with the help of colleagues like Congresswoman KAY GRANGER and Representative PATRICK KENNEDY I know who's an advocate on this issue, it is my hope that we can make a dramatic impact on this terrible and painful disease.

And I would like to call my colleague, Representative GRANGER, up

and maybe she wants to share some of her thoughts about Colon Cancer Awareness Month, and I know representing Texas and Fort Worth of course, being an alum of TCU, I'm very proud of her leadership on these health issues. We've also worked together on tribal issues. I want to thank her and would like to yield to Congresswoman KAY GRANGER.

Ms. GRANGER. Thank you to my colleague DAN BOREN. Thank you so much for your hard work on this.

Mr. Speaker, I rise today to speak on the important issue of colorectal cancer, as Congressman BOREN also did.

□ 1730

Colorectal cancer is the third most commonly diagnosed cancer and the second most common cause of cancer deaths in the United States. Every 3½ minutes, someone is diagnosed with colorectal cancer. Every 9 minutes, someone dies from colorectal cancer. This is a disease that affects both men and women.

This year, an estimated 149,000 new cases will be diagnosed, and an estimated 50,000 deaths will be caused by this cancer. The real tragedy is that many of these cancer cases and deaths occurred needlessly because the vast majority of colorectal cancer deaths can be prevented through proper screening and early detection.

That is why I introduced a resolution recognizing March as Colorectal Cancer Awareness Month and commemorating the 10th anniversary of the first designation of March as Colorectal Cancer Awareness Month.

The more we talk about this disease, the more we encourage our family, our friends, and our neighbors to get screened, and the more lives we save.

I hope my colleagues on the Energy and Commerce Committee will discharge House Concurrent Resolution 60 from committee soon so that leadership can schedule the resolution for floor consideration.

Less than half of those who should be screened for colon cancer are screened. Bringing House Concurrent Resolution 60 to the floor next week will encourage even more discussion about this disease that is preventable when detected early.

But talking about colorectal cancer and recognizing Colorectal Cancer Awareness Month aren't enough. We need to increase Federal funding for early detection and screening. Along with my colleague from Rhode Island, PATRICK KENNEDY, I've introduced a bill that would authorize funding for early detection, screenings, and make preventive care a priority.

Specifically, the Colorectal Cancer Prevention, Early Detection, and Treatment Act, H.R. 1189, would establish a national screening program for colorectal cancer for individuals over 50 years of age or those who are at high risk. It would authorize State funding for these screenings and create a public awareness and education campaign on colorectal cancer.

Despite scientific evidence supporting the benefits of screenings, screens for these diseases in this country remain low. Every 5 seconds, someone one who should be screened for colorectal cancer is not. When it's diagnosed late, the survival rate for colorectal cancer is only 10 percent. When it's diagnosed early—before it spreads—the survival rate is 90 percent.

Early detection screening saves lives, and if everyone over 50 years of age were screened regularly for colorectal cancer, the death rate for this disease could plummet by 80 percent.

In addition to screening saving lives, early detection saves money. Treatment costs for colorectal cancer are extremely high and could be greatly reduced if mass screenings occur.

Colorectal cancer treatment costs totaled roughly \$8.4 billion for new cases in 2004. The cost of two-thirds of these colorectal cancer cases are borne by the Medicare program.

The Lewin Group recently conducted a comprehensive study of the potential cost savings to Medicare and found that every 10 years a colorectal cancer screening program will result in savings of about 1½ years worth of Medicare expenses. If screenings were increased among people 50 years and older in the United States, it would save billions of dollars in Medicare expenditures. It would also save thousands of lives.

The Colorectal Cancer Prevention, Early Detection, and Screening program ensures that people who are screened will get the full continuum of cancer care, including the appropriate followup for abnormal tests, diagnostic and therapeutic services, and treatment for detected cancers.

If you have not already, I urge you to cosponsor the Colorectal Cancer Prevention, Early Detection, and Treatment Act, and join me in observing Colorectal Cancer Awareness Month. Observing Colorectal Cancer Awareness Month provides us with the opportunity to discuss the importance of early detection and screening. It also provides us with the opportunity to thank the thousands of volunteers and national and community organizations for their work in promoting awareness for colorectal cancer.

DAN BOREN, I thank you for your time and your work on this.

Mr. BOREN. Thank you. I think you're hearing the same thing over and over again—my colleague, KAY GRANGER, talking about early detection, talking about how important it is to go and get that test.

We lost my mother. But if you look back in our family history, my grandfather had colon cancer, my grandmother had colon cancer. They did catch it early. So if you're someone out there who's watching this afternoon and you haven't gotten it done and you're thinking maybe you should do it—even if you're not at that 50 marker, if you have someone in your family who has been diagnosed in the past—

think about going and getting that test.

You know, Mr. Speaker, Katie Couric, the anchor of the CBS Evening News is a strong advocate for colon cancer awareness. She lost her husband to this disease and since then has led a personal campaign to bring awareness to this issue.

A few years back, she told a compelling story at her old job on the Today Show about a family that lost a loved one to this disease. I think it's a compelling story that I would like to share on the House floor today.

Mr. Speaker, Michael and Erin Stennis learned the hard facts about colon cancer in the worst possibly way. This is their story.

Michael Stennis, an ex-football player, was the picture of health—43, fit, a businessman who owned a chain of successful restaurants. He and his wife Erin had been married for 14 years and had two gorgeous children.

His wife discusses her husband's persona this way, "He had a lot of strength of character. He was amazing. He wasn't afraid of voicing his opinions. He loved his friends, and his children were his life. He was the consummate family man."

Mr. Speaker, you can tell that Michael was an all-American guy. Yet, it's hard to believe such a vibrant man would have such a difficult fight ahead of him.

Three years earlier, when he was just 40, Michael started experiencing irregular bowel habits and rectal bleeding. Like many Americans, he thought it was nothing serious. His wife began describing what happened, and said this, "He had blood in his stool. He went to the doctor. Unbeknownst to me, the doctor suggested that he have a colonoscopy.

"My husband, being the very macho man that he is, did not want anything invasive. He just could not imagine that type of procedure taking place. So, like thousands of other Americans, he came home and said, 'It's been taken care of.' And that was it."

A few years later, Erin realized that something was very wrong with her husband. She said, "It had gotten to the point where he was having such severe pain. Because he was an athlete, he sucked it up. He would say to himself, 'If I feel something, oh, you know, I can work it out.' But it got to the point where the pain became so severe that he had trouble moving.

"Finally, in November of that year," she said, "I walked into our bedroom and I saw him hunched over in the closet. Something was very wrong."

So she finally got Michael to go in for the colonoscopy. And then they got the results. It was the evening of their daughter's Thanksgiving pageant. They got a call from their family doctor and friend, Peter Waldstein.

She described the scene this way: "My husband was on one side of the room and I was on the other side. His cell phone went off and I could see him

on the phone and I could see the change in his face. It was our dear friend Peter calling to tell us both the news. We knew from that moment on that our lives had changed forever," she explains.

He was diagnosed with stage IV colon cancer. The cancer had spread from Michael's colon and had metastasized to his liver. It was a devastating prognosis.

After a long 20-plus month fight with this horrendous disease, Michael Stennis died. He was 45 years old.

Mr. Speaker, this is a story that is told countless times across America. It is a story of a young and vibrant individual who has seen his or her life end far too early because of this horrendous disease. It's a sad case—a case that is very similar to the one that took my mom's life. It's a story similar to the one that took former White House Press Secretary Tony Snow's life. I think it's Congress's duty to do something about this.

My colleagues and I have introduced multiple pieces of legislation aimed at addressing this terrible cancer. But we need Congress to begin the process of examining it.

Every year, this disease takes thousands of lives. It is my hope that, with the support of groups like the American Cancer Society, the Colorectal Cancer Coalition, and my colleagues, we can make an impact.

I can't tell you how much I have personally lost from this—how many times I want to pick up the phone and I want to call my mom.

This is a real human face. These are real people that are dying. They don't have to be dying. All it takes is a simple test. My mom waited too long. She got the test too late.

I don't want this to happen to some other family in America. So I need your help, all those in Congress, all of my colleagues, but I also need the American people to write your Member of Congress.

I introduced this legislation in the last Congress, the 110th Congress. I got four cosponsors. People were scared about the insurance companies. But, let me tell you what. When given the choice between my mom and the insurance companies, the choice is very easy. We need to help these families. This is why I came to Congress.

□ 1745

I didn't come to Congress just because it is fun. I came to Congress to do something. This is what it is all about. Someone once said public service is about helping people. Let's help these families.

H.R. 1216, YOUTH PREVENTION AND TOBACCO HARM REDUCTION ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Indiana (Mr. BUYER) is recognized for 60 minutes.

Mr. BUYER. Mr. Speaker, it is pronounced "Buyer." My family is Alsatian; so if you go back in my ancestry, I know the gentleman is new here to the Congress, it was de Buyer. So my sense is that the gentleman will remember it for a while.

I come to the floor here to talk about a very pivotal issue that will be facing the public health of our country, and this is the issue of tobacco. Members of the House will be presented with a choice here relatively soon about which Federal regulatory structure over tobacco products we should use.

Now, it is interesting, for a long time the issue was whether we should regulate tobacco or not regulate tobacco. There is now this growing consensus that the Federal Government in some way should regulate tobacco, and now we are trying to figure out with regard to who should do that regulation. Should it be the FDA under Health and Human Services; or, as Mr. MCINTYRE and I are proposing, that it be a separate agency under Health and Human Services, we call it a harm reduction agency, that will focus on reduction of the risk associated with many different types of tobacco products.

So I believe that the critical issue to be considered is, how do we measurably and effectively reduce the disease and death associated with tobacco use while products remain legal and over 45 million Americans have not, cannot, or will not quit?

Keeping the American tobacco consumer and the public uninformed about the differences in risk between smoking cigarettes and using nonburning forms of tobacco or other nicotine products will not help our Nation to overcome the death and disease attributed to tobacco use.

Telling current tobacco smokers to "Just Say No," to quit now, is not the most effective way to save lives. Creating a regulatory scheme that discourages and in fact chills the development of new, lower risk products is directly opposite of what many in the scientific and public health communities even advocate today. But those are the underlying tenets of what is referred to as the Waxman tobacco legislation called the Family Smoking Prevention and Tobacco Control Act.

What do experts say about Mr. WAXMAN's approach on tobacco?

Well, the prestigious health organization, the Royal College of Physicians, says, "The current situation is perverse, unjust, and acts against the rights and best interests of smokers and the public health. Harm reduction has the potential to play a major part in preventing death and disability in millions of people who currently smoke and who either cannot or will not otherwise quit smoking. These smokers have a right to be able to obtain and choose from a range of safer nicotine products, and they have a right to accurate and unbiased information to guide that choice."